



GRANT A WISH, INC BABY PROGRAM

Application for Baby Supplies & Equipment

2019

This application is for economically disadvantaged families that qualify to receive baby equipment & supplies for their newborn or toddler up to the age of 5 years. We accept a letter from a public case worker or someone in authority that can verify your financial situation or your need for these items from an established public entity. You can provide proof of income at the time you apply without a case worker, attach information to this application. You must agree to allow your picture to be taken for our organizations program. Most of the items available are used, but are in very good condition. You have to pick out your own clothing or supplies, but we can only give you, what we have available in stock at the time of your arrival. You can come as often as you deem necessary. This program is for families that really need the help. If you can afford to buy your own supplies this program is not for you.

Mail Application to: GRANT A WISH BABY PROGRAM P.O. BOX 17698 CHICAGO, IL 60617-0698

You must make arrangements to pickup the baby items, if your wish is granted. Call (773) 454-8352 for Appointment.

Grant A Wish, Inc Client Information Section:

Date of Application: ___ / ___ /2019

Who is applying? Mother ___ Father ___ Guardian ___ Other ___

Name of Mother/Father/Guardian _____

Current Address _____ Apt # _____

City _____ **State** _____ **ZipCode** _____

Your contact phone #(____) _____ **Alternate phone/Cell #** (____) _____

Contact Information: Name of Contact _____ Relationship to you? _____ **Does your family receive Public assistance?** Yes ___ No ___ **What is the age of your baby?** Newborn ___ 1-3yrs ___ 3-5yrs ___ **Is your baby a boy ___ or girl ___.**

After applying you will need to call to make an appointment or check on the status of the application?

Are you looking for regular assistance? Yes ___ No ___

Is this your first baby? Yes ___ No ___ **If no, how many children do you have?** _____ **How many do you need assistance for?** _____

Name _____ **Age** _____ **Sex** _____

Name _____ **Age** _____ **Sex** _____

Name _____ **Age** _____ **Sex** _____

What is your email address? _____ @ _____ **Would you like to be on our mailing list?** Yes ___ No ___ **How did you hear about our organization?** _____ **What baby supplies or baby equipment do you need?** _____

I agree to allow my photo to be taken by Grant A Wish for the sole use on their website and printed materials for the Grant A Wish Baby Program only? Signature: _____

For Official Use: Will the Wish be granted? Yes ___ No ___ If no, what is the reason? _____

Baby Program Wish Number 2019- _____ Authorized by: _____

Title: _____ Date Application received? ___ \ ___ \2019

Date Wish Granted: ___ \ ___ \2019 What date will the items be picked up? ___ \ ___ \2019 Pick up Time? _____

Who is authorized to pick up items? _____